



**Republic of Botswana**

**Ministry of Health**

## **MPOX SELF DECLARATION TOOL FOR POINTS OF ENTRY**

### **Purpose of this form:**

This form is intended to support public health authorities by allowing arriving travellers to easily provide relevant information pertaining to their health status, particularly with regard to Mpox. Notwithstanding completion of this form, travellers might be subjected to additional health screening by the Public Health Authority as part of a multi-layer prevention approach. The information is intended to be held in accordance with applicable national laws and used only for public health purposes.

### **DEMOGRAPHIC INFORMATION**

Names: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Country of departure: \_\_\_\_\_ Date of departure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Flight/Car Reg No: \_\_\_\_\_

Postal address in Botswana: City/Village: \_\_\_\_\_ Physical address: \_\_\_\_\_

Contact information: \_\_\_\_\_ Email: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Contact number: \_\_\_\_\_

### **SYMPTOMS ASSESMENT**

Do you have the following symptoms?

Rash	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Temp: _____
Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Chills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Sore throat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Headache	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Muscle aches	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Back pain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Low energy or exhaustion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Swollen lymph nodes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Gastrointestinal symptoms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Respiratory symptoms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

**EXPOSURE HISTORY**

**Travel History**

Have you been to or passed through countries affected by Mpox Epidemic during the last three weeks

(21 days)? Yes  No

Yes: if yes where? \_\_\_\_\_

**Contact with Infected Individuals**

Have you had close contact with anyone diagnosed with or suspected of having Mpox?

Yes  No

If yes, describe the nature of contact \_\_\_\_\_ Date of contact \_\_\_\_\_

**Contact with Animals**

Have you had close contact with animals, especially rodents or primates, recently??

Yes  No

If yes, describe the nature of contact \_\_\_\_\_ Date of contact \_\_\_\_\_

**Community Exposure**

Have you participated in any gatherings or events where Mpox cases were reported?

Yes  No

If yes, describe the nature of the event & location \_\_\_\_\_ Date of contact \_\_\_\_\_

***Botswana Public Health Act compels all individuals suspected of infectious diseases to be screened.***

***Date in which the form was filled:*** \_\_\_\_\_

***Name of officer and Signature:*** \_\_\_\_\_